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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC
SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY
DOCKET NO.

In the Matter of the Renewal)
of the License of)

JONATHAN W. PARKER, D.M.D.)

To Practice Dentistry in the)
State of New Jersey)
_____)

Administrative Action

DECISION AND ORDER

This matter was opened to the New Jersey State Board of Dentistry (hereinafter "Board") upon the filing of an Order to Show Cause and Verified Complaint on September 28, 1994, by Deborah T. Poritz, Attorney General of New Jersey, Deputy Attorney General Joyce Brown appearing, alleging that the respondent may be incapable of discharging the functions of a licensee in a manner consistent with the public's health, safety and welfare within the meaning of N.J.S.A. 45:1-21 as a result of serious medical conditions, recent participation in drug rehabilitation programs, and current drug use. The Verified Complaint was supported by the Affidavit of Agnes M. Clarke, Executive Director of the Board, and the letter of the respondent submitted to the Board in connection with the renewal of his dental registration outlining his medical conditions as well as recent attendance at a drug rehabilitation facility and criminal charges connected to the possession of drug paraphernalia.

The respondent has been represented throughout these proceedings by Kathleen R. Parker of Haynes and Boone, L.L.P., 801

Cherry Street, Suite #1300, Fort Worth, Texas 76102, who was admitted to appear before the Board in this matter pro hac vice.

On October 14, 1994, an Interim Consent Order was entered in this matter which adjourned the return date of the Order to Show Cause from October 5, 1994, to November 2, 1994, and provided, among other things, that respondent would not practice dentistry until authorized by the Board and that respondent would provide reports to the Board in advance of the hearing concerning any admission to Silver Hill Hospital, a psychiatric report from Ross Brower, M.D., a medical report from Edward Parrish, M.D., and a report from Frederick Rotgers, Psy.D. of the New Jersey Dental Association Chemical Dependency Program.

On November 2, 1994, the respondent appeared before the Board with counsel Kathleen R. Parker. Deputy Attorney General Joyce Brown appeared on behalf of the State. Board Member Sandra Kilkuts, D.D.S. recused herself from participation in these proceedings.

At the outset of the hearing D.A.G. Brown advised the Board that the parties had agreed to stipulate to certain facts, and the same were entered into the record. Accordingly, the Board accepts the following stipulations as accurate and true:

STIPULATIONS

1. The reports submitted to the Board by Dr. Edward J. Parrish, Dr. Ross B. Brower and Silver Hill Hospital, Inc., for the Board's consideration of the above referenced matter are authentic and are the testimony that would be provided if each writer of such reports was present at this Board's hearing of November 2, 1994.

2. The information relied upon by Dr. Parrish, Dr. Brower and the staff at Silver Hill Hospital was provided to each report writer by Dr. Parker and was true.

3. Dr. Parker admits that he is a habitual user of cocaine and has currently used cocaine as recently as mid-October 1994.

4. Dr. Parker admits that his habitual use of cocaine is a basis for action by the Board.

The parties also consented to the introduction of the following documents as evidence in these proceedings:

S-1 Letter report of Edward J. Parrish, M.D. dated October 12, 1994.

S-2 Letter report of Edward J. Parrish, M.D. dated October 31, 1994.

S-3 Letter report of Ross B. Brower, M.D. dated October 16, 1994.

S-4 Letter report of Frederick Rotgers, Psy.D. dated November 1, 1994.

S-5 Clinical records of Silver Hill Hospital, Inc. in New Canaan, Connecticut consisting of an Admission Summary for August 4, 1993; a Discharge Summary for August 24, 1993; an Admission/Discharge Summary Against Medical Advice for October 25 to October 27, 1993; Admission Summary for April 14, 1994; and Discharge Summary for May 11, 1994.

D.A.G. Brown and Ms. Parker advised the Board that, in view of the stipulation of facts and documents introduced into evidence, the purpose of the hearing before the Board was to make the respondent available to answer any and all questions the Board members had concerning his medical condition and drug use as well as to provide the respondent with an opportunity to present mitigating evidence for the Board's consideration prior to a final decision in this matter. Accordingly, the respondent testified on

his own behalf and responded to questions presented by Board members. The attorneys then made closing arguments after which the Board moved into executive session to deliberate on this matter.

DISCUSSION

Dr. Parker is 40 years old and graduated from the New Jersey Dental School in 1979. He resides in Hackensack, New Jersey, and has practiced dentistry with his father who also is a dentist with a practice in Fair Lawn, New Jersey. Dr. Parker's prior history of drug use began with experimentation with marijuana in his teen and young adult years. Approximately six years ago he began experimenting with intranasal cocaine on a weekend basis. Subsequent to extensive nasal septal perforation two years ago, Dr. Parker began smoking cocaine and increased his use to a daily basis up to 2 grams a day some time in 1992.

Approximately three years ago, Dr. Parker began suffering from primary biliary cirrhosis and an unusual variant of pyoderma gangrenosum, a dermatologic problem which results in extensive lesions over the back and chest. Dr. Parker claims that these lesions are extremely painful and that smoking cocaine deadens the pain. However, both his internist, Edward J. Parrish, M.D., and his psychiatrist, Ross B. Brower, M.D., indicate that this is a rationalization for the drug use.

On August 4, 1993, Dr. Parker was admitted to Silver Hill Hospital, Inc. in New Canaan, Connecticut, his first psychiatric hospitalization. Upon admission Dr. Parker denied intravenous drug use or other drug use besides cocaine. However, he reported to the

hospital that he had a history of high risk behaviors including regular contact with prostitutes and that a week prior to this admission he was arrested after confrontation with a prostitute in his apartment and charged with possession of drug paraphernalia. Dr. Parker reported increasing paranoia while on drugs which, coupled with his physician's recommendations, convinced him to enter into substance abuse and psychiatric treatment. Apparently, this paranoia caused Dr. Parker to be convinced that the prostitutes had planted cameras in the walls of his apartment, and he had dug holes in the walls looking for them.

Prior to this hospitalization, Dr. Parker was in therapy with Dr. Brower since September of 1991. Dr. Brower attempted trials of anti-depressant medication, but Dr. Parker was resistant to their continued use. He also was resistant to attending AA meetings to address his substance abuse problem. The Admission Summary prepared by Leo I. Chaikovsky, M.D. for August 4, 1993, concluded that Dr. Parker had a severe and escalating cocaine dependence and that his drug use had interfered with almost all aspects of his life. His concentration and judgment were found to be impaired as a result of his history of drug use and other high risk behaviors. Further, Dr. Parker was found to be in denial of the severity of his substance abuse. He rationalized the extent of his cocaine use, claiming that he needed cocaine to deal with the pain of his dermatologic condition. At the time of this admission, Dr. Parker clearly stated to the staff that his ability to practice dentistry had been markedly affected by his escalating

cocaine dependence. At the same time he claimed that if the pain of his dermatologic problem did not improve, he was likely to relapse to the use of cocaine.

Upon discharge on August 24, 1993, from this first hospitalization, the clinical record states that "throughout the patient's stay at Silver Hill he tended to rationalize substance use, focusing initially on what seemed to be an overvalued idea of cocaine being a necessary part of the pain management of his dermatologic problem. ... Intellectually, he overvalued his ability to quickly assimilate the cognitive aspects of the 12 Step approach and the relapse prevention skills that were being taught in our groups. He spoke in a somewhat mildly grandiose way about his ability to insure sobriety with such quotes as 'that part of my life that is using drugs is behind me.'" Substance abuse after care was to include an evaluation at Fair Oaks Hospital Outpatient Clinic, furnishing Dr. Parker with the name of a Silver Link alumnus temporary sponsor, providing him with books of AA meetings in Manhattan and northern New Jersey, and stressing the need to focus on establishing himself in the AA support network after discharge.

Dr. Parker's second admission to Silver Hill Hospital occurred on October 25, 1993. He advised the hospital that right after being discharged in August 1993, he was no longer paranoid about the Korean prostitutes, but he returned immediately to the use of cocaine. He stated "I knew that I was going to use again." Dr. Parker's judgment still was considered poor in that he

continued to use cocaine in spite of its threat to his health and to his ability to practice dentistry. The very next day after admission he devoted his efforts to leaving the hospital against medical advice which he did on October 27, 1993. The summary provided by Carlotta L. Schuster, M.D. stated that Dr. Parker's reality testing was poor. He showed no motivation for applying himself to a program which would help him remain abstinent from cocaine. She predicted a down-hill course.

Dr. Parker was admitted for a third psychiatric hospitalization at Silver Hill Hospital on April 14, 1994 complaining of a continuation of cocaine use. He advised the hospital that his father was attempting to remove him from their joint dental office. He had a history of daily use of cocaine, 2 grams a day, smoking crack, and he was going for long periods of time without sleep and complained of constant sleepiness during the day. In spite of the cocaine dependence Dr. Parker completely denied the fact that his father had any reason to prevent him from practicing dentistry. Dr. Parker remained in the hospital until discharge on May 11, 1994.

According to the October 16, 1994, report of Ross B. Brower, M.D., Dr. Parker carries a diagnosis of Dysthymia and cocaine abuse dependence. He has been under the psychiatric care of Dr. Brower for approximately two years. Dr. Brower advised the Board that subsequent to discharge from Silver Hill Hospital in April 1994 he was admitted to a halfway house on the grounds of the hospital, but he discharged himself prior to the time when the

staff felt he was ready. Dr. Brower further advised the Board in his letter report of October 16, 1994, that during the past four weeks Dr. Parker had relapsed to cocaine use on several occasions including as recently as that week. He stated, "prognosis is guarded for his ability to remain abstinent after this rather serious relapse."

The letter reports of Edward J. Parrish, M.D. state that Dr. Parker's medical conditions should not interfere with his fitness to practice dentistry upon condition that his use of cocaine is prevented. Dr. Rotgers of the New Jersey Dental Association Chemical Dependency Program expressed concerns about Dr. Parker's medical conditions in view of the fact that liver disease is associated with cognitive impairments. He was of the opinion that a complete medical review be performed for the specific purpose of evaluating his capacity to practice dentistry. At the time of Dr. Rotgers' report, he indicated that he could not make a complete evaluation because he did not have possession of the clinical records from Silver Hill Hospital. However, the Board was aware that Dr. Parker could begin urine monitoring through the Program.

At the hearing before the Board Dr. Parker testified that his use of cocaine began sometime in 1985 or 1986 and escalated in 1991 to 1992 as a result of his medical conditions. He admitted to the Board that he had used cocaine as recently as two weeks prior to the hearing. During this relevant period of time Dr. Parker has been employed in the dental office of his father Dr.

Norman Parker. He stated that he was working on a full time basis during 1992 and 1993. However, the record indicates that Dr. Parker was using cocaine on a daily use during that period as well.

FINDINGS OF FACT

Based on the evidence, the Board makes the following findings of fact:

1. Respondent Jonathan W. Parker, D.M.D. is and, at all times pertinent hereto, was a dentist licensed in the State of New Jersey. His current biennial certificate of registration expired on December 31, 1993 and has not been renewed.
2. Dr. Parker began drug use in his teen years by experimenting with marijuana. His drug use escalated to cocaine in 1985 or 1986 and further escalated to smoking cocaine on a daily basis some time in 1992 resulting in a severe cocaine dependence.
3. Dr. Parker has been hospitalized on three occasions at Silver Hill Hospital in New Canaan, Connecticut in connection with his cocaine use and dependence. The first admission was on August 4, 1993 at which time Dr. Parker admitted to the staff that his ability to practice dentistry was markedly affected by his escalating cocaine dependence, and he attributed his drug use to the pain associated with his medical problems. Dr. Parker also was experiencing increasing paranoia while on drugs in connection with his regular contacts with prostitutes. His concentration and judgment were found to be impaired as a result of his history of drug use and other high risk behaviors. He was discharged on August 24, 1993.

4. Dr. Parker's second admission to Silver Hill Hospital occurred on October 25, 1993. He advised the Hospital that he had returned immediately to the use of cocaine after his previous discharge. However, he left the Hospital against medical advice on October 27, 1993. At that time Dr. Parker's reality testing was poor, and his prognosis was characterized as a "down hill course".

5. Dr. Parker was admitted for a third psychiatric hospitalization on April 14, 1994 as a result of his continued cocaine use. At that time he continued to use cocaine, smoking crack, on a daily basis and complained of constant sleepiness during the day. He remained in the hospital until discharge on May 11, 1994.

6. Dr. Parker has been under the psychiatric care of Ross B. Brower, M.D. for approximately two years. According to Dr. Brower, Dr. Parker discharged himself from a half-way house after his last hospitalization in April 1994 prior to the time when the staff felt he was ready. Dr. Brower reported that as recently as October 16, 1994, Dr. Parker had relapsed to cocaine use on several occasions. His prognosis for his ability to remain abstinent after these relapses was characterized by Dr. Brower as "guarded".

7. Dr. Parker also suffers from serious medical conditions which have been diagnosed as primary biliary cirrhosis and an unusual variant of pyoderma gangrenosum, a dermatologic problem which results in extensive lesions over the back and chest. Edward J. Parrish, M.D. is Dr. Parker's internist who states that

these medical conditions should not interfere with Dr. Parker's fitness to practice dentistry upon condition that his use of cocaine is prevented. According to the medical consultants of the New Jersey Dental Association Chemical Dependency Program at Rutgers University, there are concerns about Dr. Parker's medical conditions in view of the fact that liver disease is associated with cognitive impairments.

8. Dr. Parker is a habitual user of cocaine and has currently used cocaine as recently as mid-October 1994.

9. The Board finds that Dr. Parker has experienced repeated failures at attempts for rehabilitation during the period 1993 up until the present date despite criminal action taken against him, severe medical problems, and the threat to his ability to practice dentistry.

10. The Board further finds that despite Dr. Parker's assertions that he now is motivated to recover from his addiction, he has absolutely no track record for a positive prognosis.

CONCLUSIONS OF LAW

In view of the totality of the documentary evidence as well as Dr. Parker's own admissions, there is no question that Dr. Parker has suffered from a severe addiction to cocaine for a substantial period of time. He concedes that his addiction has affected his ability to work, and it appears to the Board that he probably was under the influence of cocaine during times when he was treating patients or, at the very least, at times when he was required to be available for dental emergencies or after-care

consultations. Accordingly, the Board concludes that respondent's addiction and habitual use of cocaine currently render him incapable of discharging the functions of a licensee in a manner consistent with the public's health, safety and welfare in violation of N.J.S.A. 45:1-21(1).

The Board thoroughly considered the record before it. Although it appears that Dr. Parker's medical condition alone should not render him unfit to practice dentistry, it is not clear to what extent the cocaine use exacerbates the medical conditions, and his own physician has stated that his ability to practice dentistry clearly is conditioned on his abstinence from cocaine use. In this connection the Board has taken into consideration Dr. Parker's repeated failures at rehabilitation. At this point in time his prognosis for long term rehabilitation is not favorable. His record since 1992 belies his current stance that he is now ready to give up cocaine use.

It is clear to the Board that Dr. Parker requires time to tend to his medical and psychiatric problems and that his current addiction poses a threat to the welfare of his patients. At this point in time Dr. Parker cannot be trusted to recognize his own limitations or exercise any internal controls in the event of a continuation of his current relapses to drug use.

The authority to practice dentistry in the State of New Jersey is a privilege not to be taken lightly. As unfortunate as Dr. Parker's circumstances may be, the Board cannot let sympathy for the licensee outweigh its greater duty to the public to assure

the health, safety and welfare of individuals who seek dental services.

IT IS, THEREFORE, ON THIS /6th DAY OF November, 1994,
ORDERED THAT:

1. The license of respondent Jonathan W. Parker, D.M.D. to practice dentistry in the State of New Jersey shall be and is hereby revoked effective upon entry of this Order, and respondent shall immediately surrender his wall certificate and license to the Board.

2. During the period of time in which respondent's dentistry license remains revoked, he shall not own or otherwise maintain a pecuniary or beneficial interest in a dental practice, or function as a manager, proprietor, operator or conductor of a place where dental operations are performed, or otherwise practice dentistry within the meaning of N.J.S.A. 45:6-19. Further, Dr. Parker shall not enter into the dental facility located at 38-27 Fair Lawn Avenue, Fair Lawn, New Jersey, but he shall be permitted to enter the family residence also located at that street address.

3. The Board shall not entertain any petition for reinstatement of the license to practice dentistry of the respondent prior to six (6) months from the filing date of this Order. Prior to consideration of any application for reinstatement of licensure, respondent shall have the burden to demonstrate to the Board that he is personally fit and competent to resume the practice of dentistry. Prior to making such application, the

respondent shall, at a minimum, be prepared to demonstrate the following:


(a) Respondent shall enter the New Jersey Dental Association Chemical Dependency Program and demonstrate a full six (6) months of negative urine tests on a twice weekly random unannounced monitoring basis conducted in accordance with the Board's standard protocol including a forensic chain of custody, as well as full participation in other rehabilitative programs and procedures as recommended and/or required by the Chemical Dependency Program and/or Dr. Parker's treating psychiatrist.

(b) Immediately prior to application for reinstatement, respondent shall submit to a complete psychological/psychiatric evaluation and medical evaluation upon referral to Board appointed consultants for the purpose of assessing his capacity and fitness to practice dentistry.

4. Respondent shall be responsible for the fees of any of the consultants as required herein for evaluations and reports. Respondent shall cause and permit the staff or other designee of the Chemical Dependency Program, hospital programs, or other psychiatric or medical consultants to disclose to the Board any evaluations made of the respondent as well as any recommendations and any other pertinent information. This shall include advising the Board of any and all programs in which respondent engages, including urine monitoring, and keeping the Board advised as to respondent's progress and successful completion of programs on an on-going basis.

5. In the event respondent petitions the Board for reinstatement of his license to practice dentistry in the State of New Jersey, he shall be made to appear personally before the Board,

and he shall have the burden to demonstrate to the satisfaction of the Board that he is capable of discharging the functions of a licensee in a manner consistent with the public's health, safety and welfare.



STEPHEN CANDIO, D.D.S.
PRESIDENT
STATE BOARD OF DENTISTRY